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ABSTRACT

Written for parents of young multihandicapped children who experience coordination difficulties or delayed development, the book explains how to teach independent eating habits, using a spoon or other utensil. Parts 1, 2, and 3 deal with such topics as foods to use when beginning; head control problems; how to evaluate initial skills and subsequent progress; mouth skills (including lip use, chewing, and swallowing); and spoon skills (including picking up and grasping the spoon, ways of adapting standard utensils, and special hints for teaching the blind). Parts 4 and 5 contain lists of additional references, firms that supply adaptive equipment, and sample progress charts. Thirty-five photographs which show parents teaching their children how to eat are used to illustrate major points. (LH)

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EATING WITH A SPOON

How to Teach Your Multihandicapped Child

By
Mary Bowman
Abigail B. Calkin
Patrick A. Grant

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Eating with a Spoon: How to Teach Your Multihandicapped Child was originally entitled Spoon Fed Instructions: For Teaching Spoon Feeding to Your Multihandicapped Child. It was first published in 1971. The authors developed the book as part of a research project conducted at the University of Oregon, Eugene. Mary Bowman and Abigail B. Calkin were research assistants and Patrick A. Grant was a graduate teaching fellow.

The following disclaimer which appeared in the publication shows that several agencies cosponsored the research project:

> The research or work reported herein was performed pursuant to a contract with the Office of Education, U.S. Department of Health, Education, and Welfare through the Oregon Center for Research and Development in Early Education of Handicapped Children, a component of the National Laboratory on Early Childhood Education and also through the Northwest Regional Special Education Instructional Materials Center. Contractors undertaking such work under government sponsorship are encouraged to express freely their professional judgment in the conduct of the work. Points of view or opinions stated do not, therefore, necessarily represent official Office of Education position or policy.

The first edition was limited. Seven field test copies were distributed to seven sets of parents of multihandicapped preschoolers who lived in or near Eugene, Oregon. These parents used the books to teach their children to feed themselves. After the parents' reactions and the children's successes were studied carefully,

the book was revised as necessary and five hundred copies were distributed for further field testing by the University of Oregon Press.

The book was submitted to NCEMMH in 1974 for review. The decision was to revise, update, and distribute, and the book was again revised in August, 1974, by:

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As a service to special educators, exceptional children, and their parents, NCEMMH has provided for the reproduction of this revised edition, and, with the assistance of The Ohio State University Press, for its distribution on a nonprofit basis.

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(Reprinted from the First Edition)

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Also by Donna McGuiness: Photographs in figures 12, 13, 15, 20, 23, 24, 27, 29, 32, 33, 35, and on page 21.

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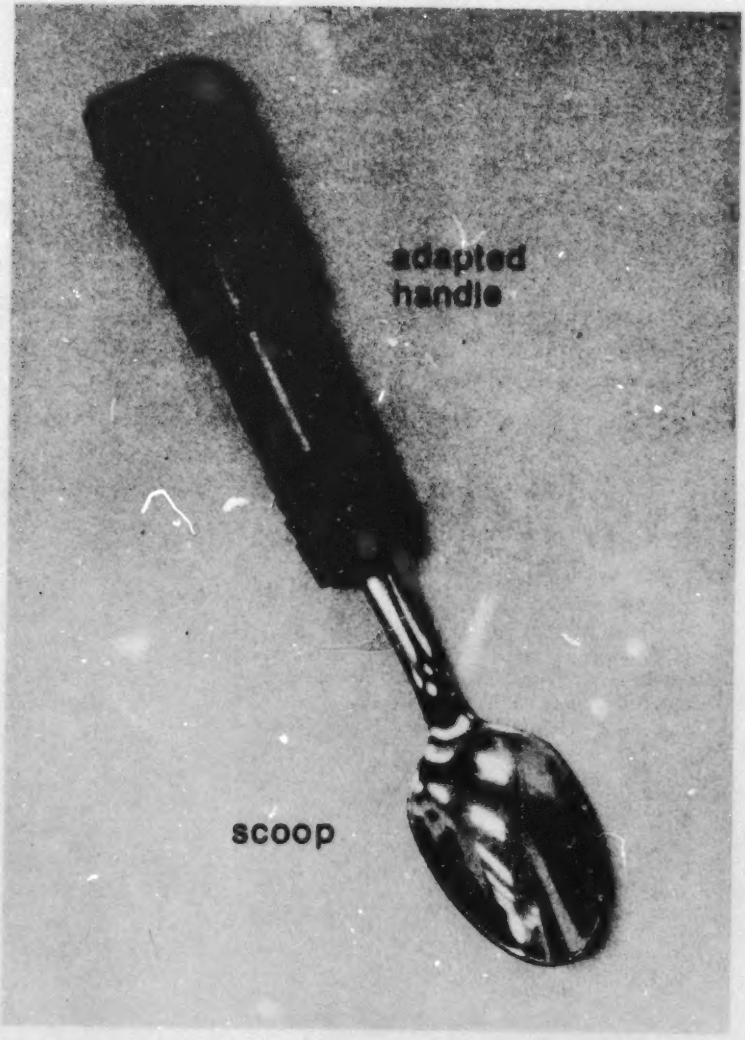
PART 1

INTRODUCTION



PURPOSE OF THE BOOK AND HOW TO USE IT TO BEST ADVANTAGE

The purpose of this book is to aid you--the parents of a handicapped child--in teaching your child to eat with a utensil. The book gives suggestions to help parents teach children who have coordination difficulties, muscular weakness, or general delay of mental or motor functions. There are a few suggestions for aiding the blind child. It should be emphasized that this book will not answer the special needs of the severely handicapped, or provide material about the early stages of finger feeding that come before the spoon-feeding level of development.

It is suggested that you read the book all the way through once before beginning to teach the child. Study the pictures as well as the text, the chart, and the examples of filled-in charts. If something is not clear at first, mark it in the margin with a question mark. Don't stop to wonder about it, because a later part of the book will probably explain whatever puzzles you.

Remember that this book is meant to be used as a supplement to an overall program prescribed to fit the needs of your child. In other words, it will be easier for you to use this book and you and your child will get the most benefit from it if you seek the guidance of qualified professionals (such as an occupational therapist, a physical therapist, a nutritionist, or a nurse). Such persons can help you plan how to help your handicapped child in learning to do other things as well as feed himself.

In other words, before you begin to teach your child, please consult a qualified professional. That person should help you plan a self-feeding program for your child. The advice of

such a person will prove most useful in determining when a child is ready to use utensils, and will help you avoid making mistakes.

Common sense is the best guide in setting up a feeding program. There are a few basic precautions that should be taken when beginning to teach the child. Perhaps the most important is to help your child avoid choking on food or liquids. Your child should not be allowed to eat or drink while lying down. You should not try to tip your child's head back and pour liquids down his throat, or allow him to swallow if he thrusts his head into this position in an attempt to slide food down his throat. Finally, do not permit your child to swallow pieces of hard, indigestible food.

TEACHING YOUR CHILD TO EAT WITH A SPOON

Who? The program in this book is designed for use by a parent in the home.

Where? You can teach your child at his usual eating place: the kitchen table, dining room table, highchair, cut-out table. Be sure your child is comfortably and securely seated. The table used should be the proper height for him. His feet should have a firm support.

When? There are good reasons for teaching your child at the regular family mealtime and good reasons for working with him at other times of the day. To practice at mealtime is more natural. Your child is hungry then, and there are other people for him to watch and imitate, so that he learns not only feeding skills but also social development. There are also more people to reinforce your child's successes. To have your practice sessions at another time, though, will eliminate distractions so your child can concentrate on eating. A good time to practice is just before or at the beginning of a meal or some time when other children in the family will not be present to create a distraction.

The eating experience should, above all, be a pleasant one. If your child becomes easily tired or bored, try feeding him in frequent short sessions. Interest can also be added by using a variety of plates and allowing him to use his fingers from time to time to avoid excessive frustration. It is very important to provide adequate time and plenty of space whenever your child is working at the job of learning to feed himself.

FOODS TO USE WHEN BEGINNING

The most important consideration in choosing the food your child will eat is that he or she likes it.

It is also a good idea to choose a food that will stick to the spoon. This will make it easier for your child to get the food to his mouth without spilling. Soft foods such as skinless frankfurters are good because they are easily digested even if swallowed in unchewed pieces. Some good foods to start with are:

mashed potatoes
yogurt (fruit flavored)
ice cream
applesauce
mashed bananas

Many foods can also be slightly pureed in a blender so they are easier to eat with a spoon. Similar pureed foods are commercially available.

If your child has a tendency to drool excessively and experiences some difficulty in swallowing because of this, you should avoid such foods as sweets, milk, and citrus fruit and juice, which increase the flow of saliva.

USE OF THE FORK

Although this book is primarily concerned with teaching your child to eat with a spoon, you may find, in some instances, that a fork will be more appropriate. For example, if your child lacks the necessary arm and wrist movement to tilt the spoon upward while removing it from his mouth, he will find a fork easier to handle. Be sure to choose a fork that has a flat prong area and will not require the lifting that a spoon scoop does.

The fork can be used for both spearing and scooping food, although spearing is easier. Some good beginning foods to use with a fork are sliced fruit, hot dogs, and pancakes. Any food to be speared with a fork should be first cut into bite-sized pieces.

SUGGESTIONS FOR REWARDING YOUR CHILD

When your child does something right, remember to let him know.

Smile at him.
Kiss him.
Touch him.
Clap your hands.
Say "Great job!"

Say or do whatever you know makes your child happy.

You know your child better than anyone else, so you know what he or she is willing to work for.

You will see smiling faces sketched here and there throughout this book. Each one is a reminder to praise and/or reward your child when he or she does well.

HELPING YOUR CHILD

It is generally best to sit with your child to assist him. In most instances you will find that the most convenient position is beside your child, with your chair at an angle of 45°, as shown in figure 1. If your child finds it difficult to look to the side, you may find it easier to sit more nearly in front of him, as in figure 2. If your child tends to thrust his head to the side, presenting the spoon from the front can ease this thrusting and aid him in turning his attention to the front. In some cases where you must assist your child with head and mouth movements, it is best to stand beside him at an angle (figure 3).

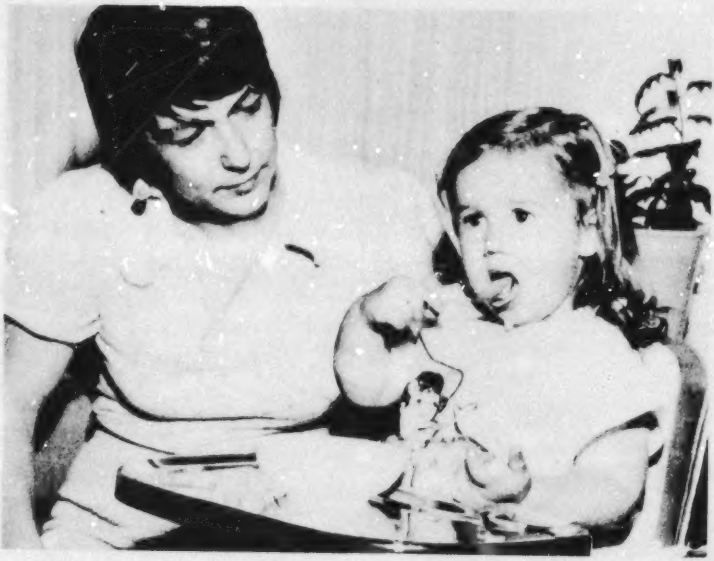


Fig. 1. Sitting with chairs at an angle

Fig. 2. Sitting in front of child

Fig. 3. Standing at an angle

Severe head control problems are a definite indication that the child is not ready for spoon feeding. If this is the case, you need to work on head control even before starting finger feeding, which should come before spoon feeding. The professional with whom you are working (see page 3) can determine whether your child has enough head control to begin a program of learning to eat with a spoon.

Minor head balance problems may make it difficult for your child to hold his head in a steady position while he is concentrating on using the spoon. If he does have this difficulty, it may help if you steady his head. If your child has a tendency to thrust back in order to make food slide down his throat, support his head in a slightly flexed position by cupping your hand at

Fig. 4. Supporting head with cupped hand

Fig. 5. Supporting head with arm

the base of the skull (figure 4). Additional support may be given from a high sitting position--supporting the skull at the base with the inside of your elbow. This will allow you to use your hand to guide his jaw, if this proves helpful (figure 5). While working on head control, one may also work on developing a better swallowing pattern.

FIRST STEP: EVALUATE THE CHILD'S SKILL

Before teaching any of the tasks described in this book, the first step is to make an evaluation of what your child can and cannot do.

To make this evaluation, a set of criteria is provided in the "Preliminary Test to See What Your Child Needs to Learn." The steps for teaching spoon feeding are listed as questions on the test. Read the question and if you know your child does the task, check the "Does Do" box at the left. If your child does the task sometimes but does not do it other times, leave the box blank. (The test shown on page 15 is a sample. The copy for you to fill in is located in Part 5. It can be left in the book, or, if you prefer, the pages in Part 5 can be removed carefully, one page at a time, trimmed with scissors, and used as separate sheets.)

In addition to the preliminary test, there is a progress chart. Twenty-five copies of the progress chart for you to fill in will be found at the end of the book. This should be enough copies to help you keep track of your child's progress. (See the sample chart on page 16.)

Take one chart. Choose one of the tasks listed on the preliminary test that your child cannot do. Check off the name of that task at the top of one progress chart, and fill in the other information. You are now ready to fill in the first line of the chart.

Get a spoon and a dish of food your child likes. As he tries the task, mark down an "X" or an "O" for <u>each</u> of his tries, until he or she has tried ten times.

At the end of ten tries you have the information you need, and, if you wish, you can set aside the form and go ahead and finish feeding him.

You may have some other tasks you want to check. You could do this at the same time or at another meal.

It would be a good idea to try him out on all the unchecked tasks before beginning instruction.

There are no set standards for "success." The progess charts can serve as an accurate guide to measure progress.

Sample Copy

PRELIMINARY TEST TO SEE WHAT YOUR CHILD NEEDS TO LEARN

Does Do	*Step*	*Task (Underlined)*
☐	1.	Does your child open his mouth for a food-filled spoon? (Page 23.)*
☐	2.	Does your child swallow food spooned into his mouth? (Page 26.)
☐	3.	Does your child remove food from the spoon with his lips? (Page 28.)
☐	4.	Does your child chew food spooned into his mouth? (Page 30.)
☐	5.	Does your child pick up the utensil if his spoon is lying on the table? (Page 33.)
☐	6.	Does your child return his spoon to his plate? (Page 42.)
☐	7.	Does your child carry his food-filled spoon to his mouth? (Page 42.)
☐	8.	Does your child carry his spoon to the food and then fill it? (Page 44.)

* *Instructions on how to help your child learn to do each task begin on the pages listed in parentheses. In teaching, you will be concentrating on only those tasks your child cannot do.*

Sample Copy

PROGRESS CHART

Name _____

Date Started _____

Date Stopped _____

Code: X = successful
O = unsuccessful

- ☐ open mouth
- ☐ swallow
- ☐ remove food from spoon
- ☐ chew
- ☐ grasp spoon handle
- ☐ carry spoon to mouth
- ☐ carry spoon to food and fill it
- ☐ return spoon to plate

Date	Tries										Total X's	Comments
	1	2	3	4	5	6	7	8	9	10		
Test for competency:												

Look at the sample progress charts for Katie and Jeff.

The progress chart will help you determine whether your child can do a task or not. Sometimes you will know for sure he can do it; other times you will know he cannot. Some tasks you will not be sure of and you will want to check to see if he can do them.

Remember when you are checking for proficiency or keeping track of your child's progress, it is not necessary to fill in all boxes, just fill in one row of boxes at a time. When teaching him, teach until he is proficient, whether that is three days, ten days, or even seventeen days.

You will find extra progress charts for your use at the back of the book. Use as many per task as you need.

Here is how to test for competency: At one of your child's eating times, watch while your child tries to do the task by himself. If he does it correctly eight out of ten times, then he can successfully do that task and you can go on to the next task. Jeff's chart on page 18 is an example. If your child does a task seven times or less, then he or she needs more practice.

Here is how to teach: In order to keep track of your child's practice and progress, you use the progress chart also. If on the first day he/she does not show competency, then you will need to practice with him/her. To keep track of this, use the same progress chart. Katie's chart on page 19 is an example of this.

SAMPLE PROGRESS CHART

Name Jeff

Date Started February 22, 1971

Date Stopped February 22, 1971

Code: X = successful
O = unsuccessful

- ☑ open mouth
- ☐ swallow
- ☐ remove food from spoon
- ☐ chew
- ☐ pick up utensil
- ☐ return spoon to plate
- ☐ carry spoon to mouth
- ☐ carry spoon to food and fill it

Date	Tries 1	2	3	4	5	6	7	8	9	10	Total X's	Comments
Test for competency: 2/22/71	X	X	X	X	X	X	X	X	X	O	9	

Jeff was checked one day on the task of opening his mouth and as the sample progress chart shows, he did it correctly nine out of ten times. There was no need for more practice, so his mother filled in another chart and went on to check him on the next task, swallowing.

SAMPLE PROGRESS CHART

Name Katie

Date Started February 25, 1971

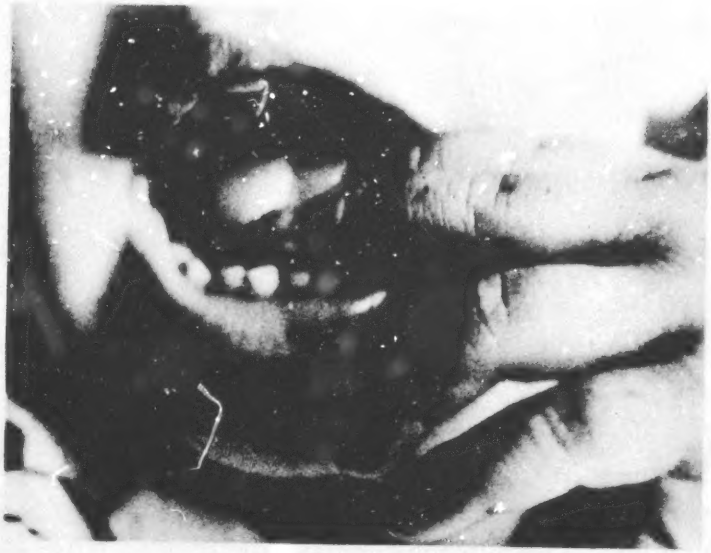
Date Stopped _____

Code: X = successful
O = unsuccessful

- ☐ open mouth
- ☐ swallow
- ☐ remove food from spoon
- ☐ chew
- ☑ pick up utensil
- ☐ return spoon to plate
- ☐ carry spoon to mouth
- ☐ carry spoon to food and fill it

Date	Tries 1	2	3	4	5	6	7	8	9	10	Total X's	Comments
Test for competency: 2/26/71	X	X	X	O	X	O	O	X	X	X	7	
2/27/71	X	O	X	O	O	X	X	O	X	X	6	
2/28/71	X	O	X	O	O	X	X	X	X	X	7	
3/1/71	X	O	O	X	X	X	O	O	O	X	5	
3/2/71	X	X	O	X	O	X	X	O	O	O	5	
3/3/71	X	O	O	X	X	X	O	X	X	X	7	

The sample chart shows that as of March 3, 1971, Katie needed more practice on picking up her fork. Her mother had been working with her on this, and was keeping track of her successes. Katie was doing well, but still needed more practice. Her mother continued to help her by practicing every day, too.



PART 2

MOUTH SKILLS

Fig. 6. Playing with a spoon (to be encouraged)

TEACHING YOUR CHILD TO OPEN HIS MOUTH FOR A FOOD-FILLED SPOON

Touch both lips lightly with a food-filled spoon when the mouth should be opened.

If the child will not open his mouth when his lips are touched with a spoon, press or tap on the tip of his chin in an upward direction.

The young child needs time to develop familiarity with this strange, hard object. Even if your child is older, let him play with the spoon as he would with a rattle or toy. (See figure 6.) This is a good way for him to become familiar with it. The blind child especially requires taste and touch to explore the unfamiliar.

One mother sat, giving her baby his bottle, with a bowl of food beside her. Periodically, she took the bottle out and immediately inserted a food-filled spoon into his mouth. Upon prompt removal of the spoon, back went the bottle. She continued this process of bottle-out-spoon-in, spoon-out-bottle-in until he readily accepted the spoon. This also helped him begin to swallow the food.

TONGUE PROBLEMS

Tongue control is a problem for some children. This may take the form of unwanted tongue thrust--pushing food out of the mouth. To help control this reaction, place the spoon in the center of your child's tongue, press down and slightly back on the tongue. Do so gently to avoid causing a gag reflex. Stroke the throat downward to induce swallowing. (See figure 7.) A second problem is that of a sluggish tongue. To stimulate tongue movement during chewing, deposit food on alternate sides of the tongue and press against the tongue with the spoon while doing this--to stimulate chewing. Stroke the throat to induce swallowing if necessary.

Tongue exercises can involve pressing against the tip of the child's tongue to encourage his tongue to come forward and against the sides to encourage sideways movement. Sticky foods such as peanut butter, marshmallow cream, honey, and pudding can help to stimulate tongue movement.

Fig. 7. Stroking throat downward to induce swallowing

TEACHING YOUR CHILD TO SWALLOW FOOD SPOONED INTO HIS MOUTH

It is recommended that you approach from the side rather than the front of the mouth. Place the tip of the spoon toward the middle of the tongue. Let the child remove the food with his lips (figure 8). If he has difficulty in doing this, place your fingers on the upper lip and your thumb and finger on the lower lip and give them a quick, firm stretch apart, as in figure 9. Repeat with each bite. This will cause a closure reaction of the lip muscles. If jaw closure presents a similar problem, press quickly down on the jaw and release to encourage a closure reaction (figure 10).

If the child now has difficulty swallowing the food, stroke his throat in a downward direction from under the jaw, as shown in figure 7.

Fig. 8. Spooning from the side

Fig. 9. Stretch apart for lip closure reaction

Fig. 10. Press down on chin and release for jaw closure reaction

TEACHING YOUR CHILD TO USE HIS LIPS TO REMOVE FOOD FROM THE SPOON

After putting his spoon into his mouth, have your child close his lips to cover the spoon scoop and the food. As he pulls the spoon out of his mouth, his top lip will slide the food off into his mouth (figures 11 and 12). At first you may need to gently use your fingers on the upper and lower lips, quickly stretching them apart to bring about a closure reaction. If you hold the spoon down against the tongue a few seconds, instead of immediately pulling it out of his mouth, the lips will draw around the spoon.

Fig. 11. Using the lips to slide food from the spoon

Fig. 12. Using closed lips to keep food in mouth while spoon is being removed

TEACHING YOUR CHILD TO CHEW SOLID AND SEMISOLID FOOD

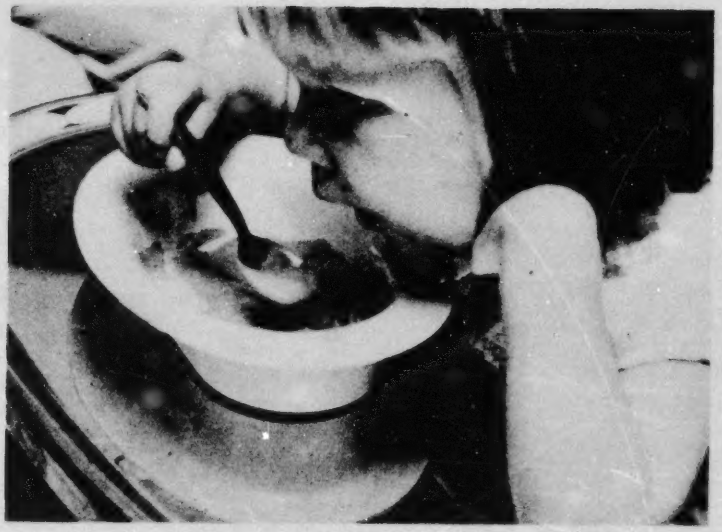
Begin by adding very small pieces of solid food to what your child ordinarily eats. Increase the amount of solid food and decrease the amount of semisolid food. For example, if you feed your child strained vegetables, begin by adding a few soft peas. At later feedings, add more peas or chopped-up pieces of green beans. Remember to keep the pieces small (bite-size). If your child balks at the addition of solid food, try this verbal gimmick: "Do you know what happens to the lumps when you chew them? They go away!"

The important thing is to stress the need for chewing. A bite reflex on the spoon itself is sometimes a problem. When the child bites on the spoon, it is best to wait a few seconds until he relaxes before removing the spoon. If he does not relax his bite after a short time, you may try tilting his head forward, chin tucked in, and give quick upward taps against the bottom of the chin. This will release the jaw. Approaching from the side and placing food in the child's mouth from the side will help to encourage him to move the food around with his tongue.

A washcloth or any of several soft plastic teething materials commercially available may be used to stimulate a weak bite. Hold one end and have your child bite on the other end for a tug-of-war game.

PART 3

SPOON SKILLS



THREE CONSIDERATIONS IN TEACHING A TASK

HELP means to physically assist your child with each step of the task.

START means to assist him at the beginning of the task but let him finish it.

WATCH means to watch your child and to mark his successes and O's on the progress chart.

In general, the tasks described in the Preliminary Test are listed in the order in which they should be taught.

TEACHING YOUR CHILD HOW TO PICK UP A SPOON

HELP Guide your child's hand to the spoon handle. Place your fingers over his. Wrap his fingers around the spoon handle (figure 13). Let go when he is grasping the spoon by himself (figure 14).

START Let him move his hand toward the spoon. If necessary, start to put his fingers around the handle.

WATCH Using the chart to keep track, watch to see how many times your child picks up the spoon by himself.

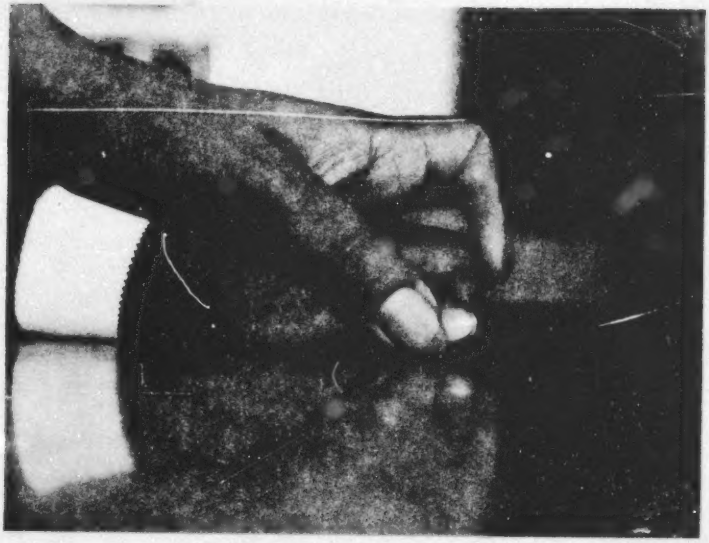


Fig. 13. Wrapping his fingers around the spoon handle

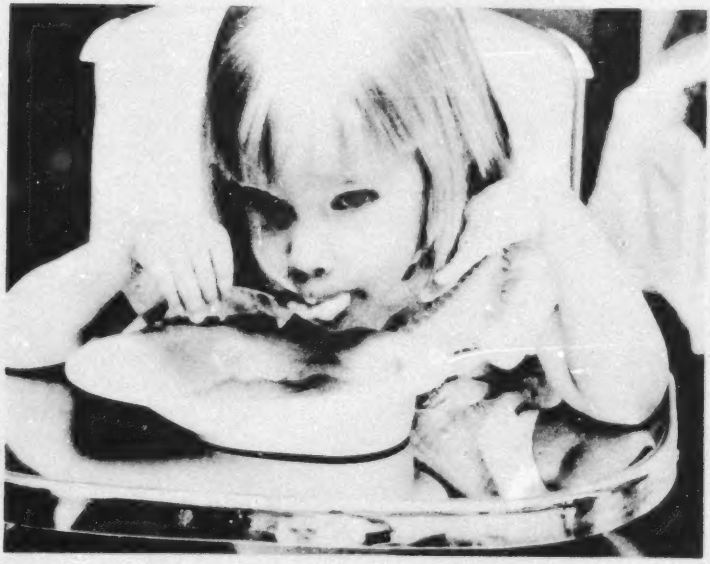


Fig. 14. Grasping the spoon by herself

If your child is blind:

HELP Place the spoon down with enough noise for him to locate it. Always place the spoon in the same position in relation to the child. Keep tapping the spoon until he is able to locate it. Touch the spoon to his hand so he may grasp it. Guide his hand to the spoon and wrap his fingers around the handle, if necessary. If he drops the spoon, give him an opportunity to find it before giving help.

START Put the spoon down so he can hear its location. If he does not reach for it immediately, touch it to his hand and then put it down again--he should reach for it.

WATCH Using the chart to keep track, watch to see how many times your child picks up the spoon when you set it down. When he does that eight out of ten times at a meal, again use the chart, this time to see if he can pick it up after he puts it down.

TEACHING YOUR CHILD TO HOLD A SPOON IF HE IS UNABLE TO GRASP (HOW TO ADAPT SPOONS)

There are many adapted eating utensils for children who do not have the finger dexterity to grasp a spoon. As you select a spoon or fork for your child to try, aim for a choice that will allow your child to feed himself as independently as possible. You may wish to try more than one so your final choice is the best suited to your child's needs. Utensils of the type shown in figures 15 and 16 can be bought or inexpensively made at home.

As these pictures show, spoon handles and scoops can be bent with pliers to angles more suitable for your child. You can also use many household materials to build up a spoon handle, such as small wood blocks, adhesive tape, or masking tape.

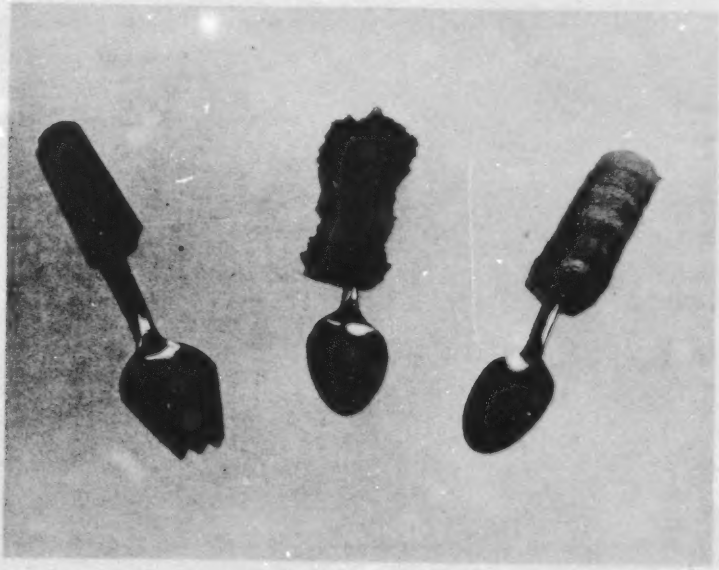


Fig. 15. Utensils adapted for easier grasping

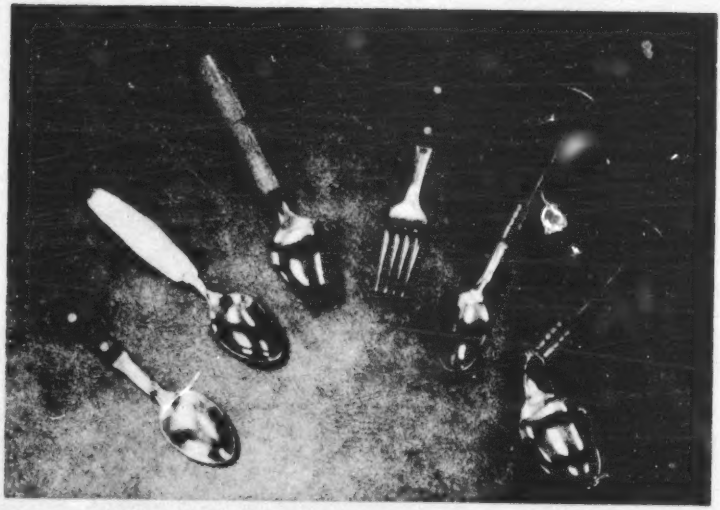


Fig. 16. More adapted utensils

Spoon handles can also be built up by sticking the handle in an old bicycle grip filled with plaster, by putting a dowel on the handle, or by wrapping a sponge around the handle. The handles of clean plastic bleach and detergent bottles can also be used to form a band to hold a spoon handle (figure 17). Plastic bottles can also be adapted to make a convenient sandwich holder (figure 18).

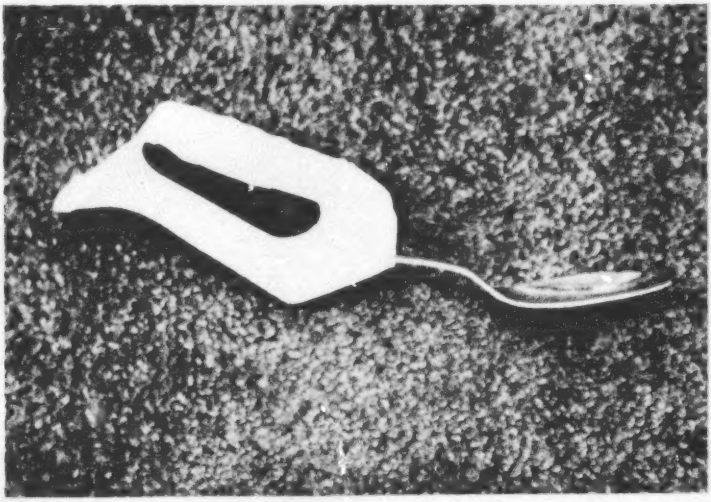


Fig. 17. Bleach bottle handle

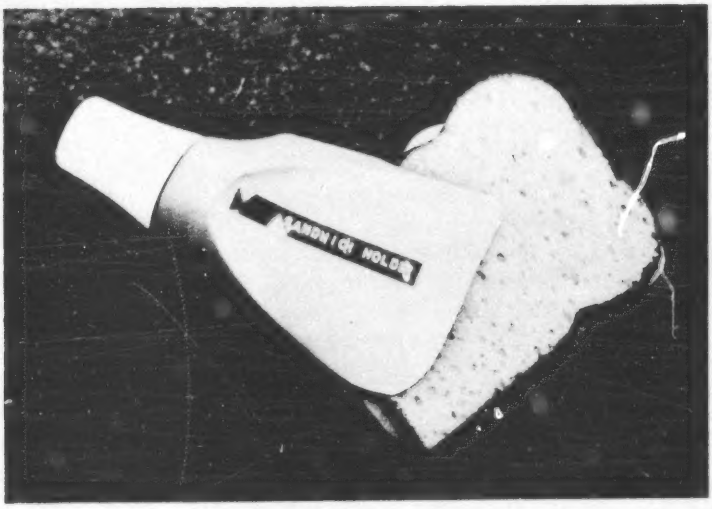


Fig. 18. Sandwich holder

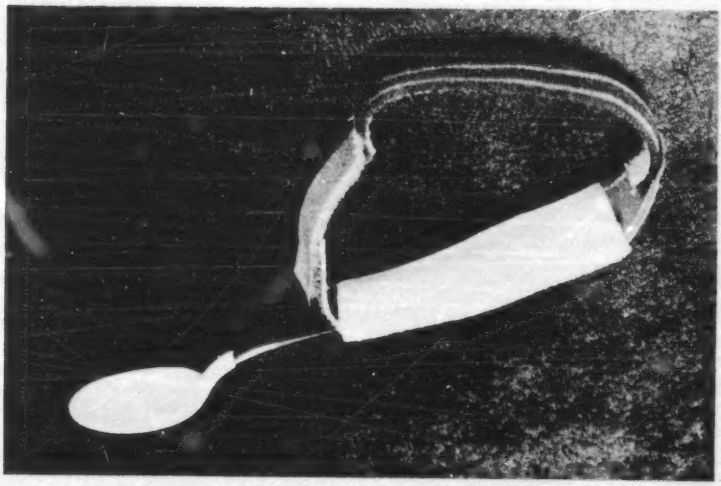


Fig. 19. Palm band with Velcro fastener

A palm band having a pocket in which to insert the utensil handle can be made from two strips of leather sewn together, one forming the pocket. The strap that goes across the back of the hand is elastic. To join the band and the strap, you may sew them together or use Velcro (figures 19 and 20).

Fig. 20. Palm band in use

Bands to hold the spoon handle can also be made by bending lightweight metal to fit the hand and covering it with masking tape. Similar rubber-coated models are commercially available (figure 21).

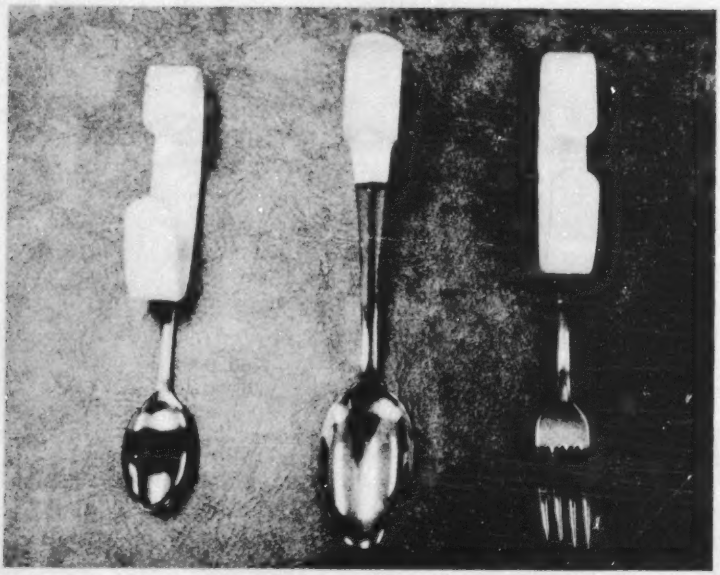


Fig. 21. Rubber-coated metal palm bands fitted on top and back of utensil

Try to teach your child to pick up or put on his adapted spoon without assistance.

TEACHING YOUR CHILD TO LIFT A SPOON TO HIS MOUTH

Perhaps the best way to approach this task is in reverse; that is, to work first toward having your child remove the spoon from his mouth without assistance and return it to the plate. A blind child will find this approach useful in getting familiar with the relationship between his mouth and the plate. This is an easier task than lifting the spoon, and one that will involve your child in the feeding process at a fairly early stage. Once he has mastered this part of the operation, you can work with lifting the spoon.

HELP After he removes the spoon from his mouth, guide his hand back to the dish for another scoopful. Begin helping him lift it back in the direction of his mouth.

START Start your child's hand back in the direction of the dish. Tell him to hold on to the spoon so he can get another spoonful. Assist him with shoulder and elbow support, gradually decreasing this assistance.

WATCH Using the progress chart, watch your child return the spoon to the dish while you count his progress.

HELP With the food on the scoop, help your child lift the spoon and turn it so that the side points toward his mouth (see figure 22). In getting the spoon to his mouth, the child's main problem is usually one of maintaining stability.

START Begin by assisting your child in lifting the spoon to his mouth. Stand or sit behind or beside him to support his shoulder or elbow. Give him the support that he needs, but no more. Gradually decrease this support as your child gains proficiency.

WATCH Watch your child lift the spoon to his mouth while you mark his progress on the progress chart.

Fig. 22. Lifting the spoon so that the side points toward her mouth

TEACHING YOUR CHILD HOW TO PUT FOOD ON A SPOON

Your child already has the spoon in his hand.

HELP Guide your child's hand to the food to be scooped. Using the spoon edge closest to the plate, have him touch the scoop edge behind the food. Guide his hand so the scoop slides forward to pick up the food (figure 23). Tilt the handle so the food will stay on the scoop (figure 24).

START Let your child do as much of this task by himself as possible. Where he hesitates, assist him in getting started. Try to let him finish as much of the task alone as possible.

WATCH Using the progress chart, watch during a meal to see how many times your child puts the food on his spoon by himself.

Fig. 23. Sliding the scoop edge forward

Fig. 24. Tilting the handle to pick up the food

Fig. 25. Playing with food--a needed experience

Fig. 26. Eating out of a bowl by herself

OTHER HINTS FOR TEACHING THE BLIND AND MULTIHANDICAPPED CHILD TO PUT FOOD ON A SPOON

The blind child lives in a world of touch; he uses his hands in much the same way that sighted people use their eyes. To restrict him from "helping" you feed him, is to deprive him of knowing what is about to go into his mouth. He needs the experience of touching or "playing" with his food. This experience is beneficial to any handicapped child (figure 25).

Your first step is to accept that touching his food may create a mess. To help him learn, you may want to have a large bib or only a diaper on him. Newspapers on the floor under and around the highchair may help, too. The objective is to help your child learn where things are regarding himself, spoon, plate, mouth, food on plate, and any other utensils on the table, in order to master the task of eating by himself (see figure 26).

Remember to use food that he can grasp readily, such as a few inches of banana, an orange section, or a piece of meat. It is possible he will want to touch this food with one hand while holding the spoon in the other. A food that is already familiar to him, or better yet, one you know he likes, will help the success of the program.

Let him push the food onto the spoon, if he wants. The task here is getting him to eat with a spoon--you can worry about manners and tidiness later. Touching is the blind child's main means of learning where food is. Getting it on the spoon should emphasize the use of the hand instead of the eyes. A common problem is that of <u>not</u> automatically bringing in the second hand, and this then requires practice and experience. An older child can use a piece of bread instead of fingers to push food onto the spoon.

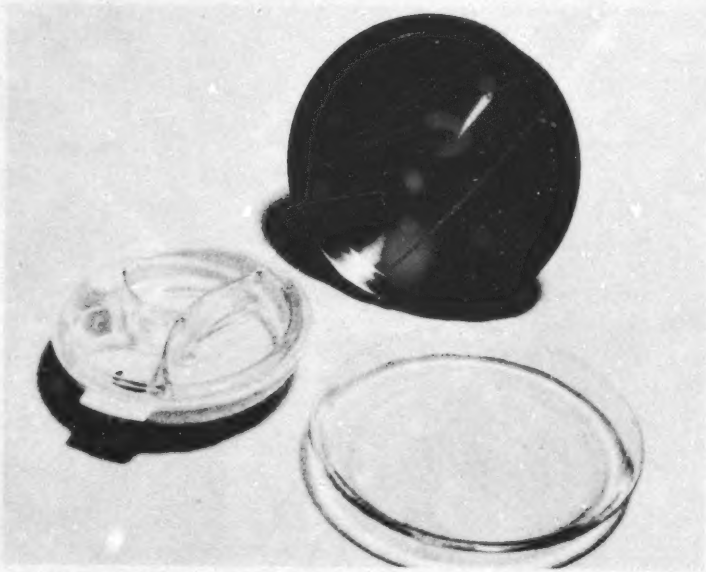


Fig. 27. Sectioned glass baby dish with suction cups; heavy glass dish which will not slide around; unbreakable metal pie pan with steep edges so food does not slide off

WAYS OF ADAPTING THE STANDARD PLATE FOR SCOOPING

You have probably already chosen or adapted the spoon or fork most suitable for your child. In addition to these utensils, you may also wish to make some changes in the plate he uses. There are many ways to adapt the dish so he can more readily get the food on his spoon.

As you select one of the following to try with him, aim for a choice that will allow him to feed himself as independently as possible. Many dish adaptations shown may already be present in your home.

If your child needs a surface to scoop against, figures 27-31 may provide some helpful hints.

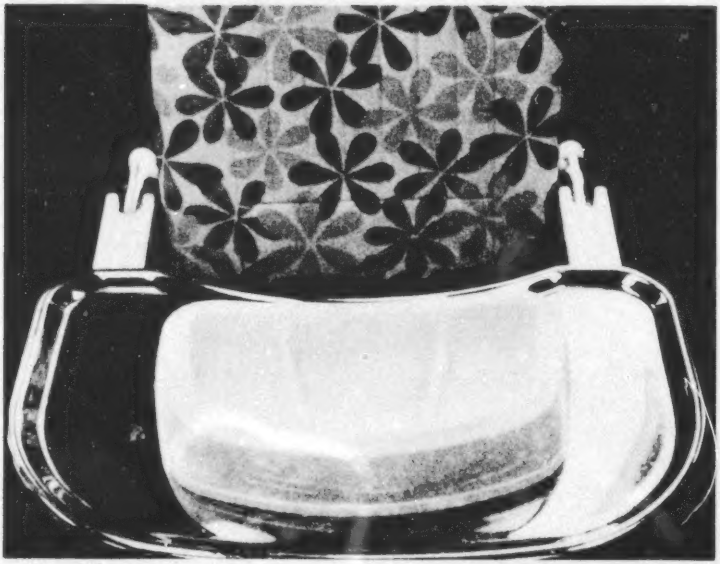


Fig. 28. Sectioned plastic dish with suction cups

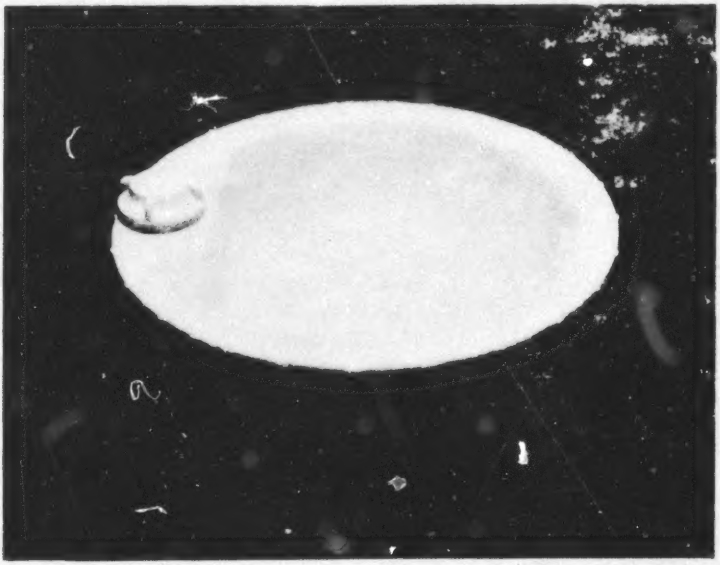


Fig. 29. Bowl with suction cups

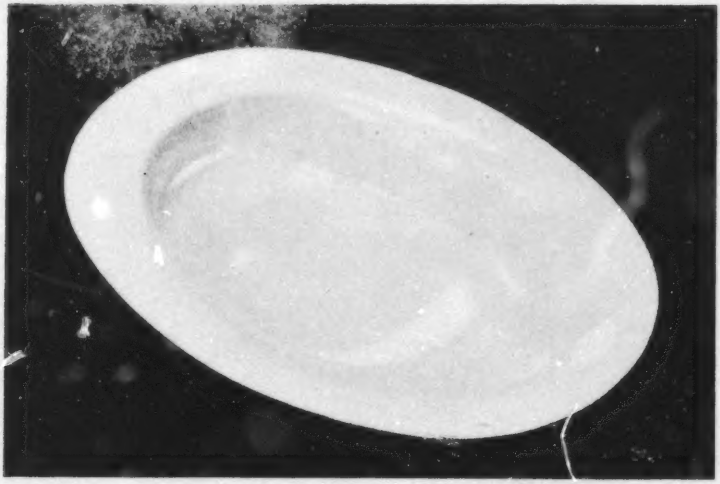


Fig. 30. Plastic scooping dish from Cleo Living Aids

If your child has moderate problems controlling his arm and hand movements, some suggestions for anchoring the plate are shown in figures 32 through 35.

All these suggestions are aimed at keeping the plate from sliding around, and/or keeping food from sliding off the edge of the plate.

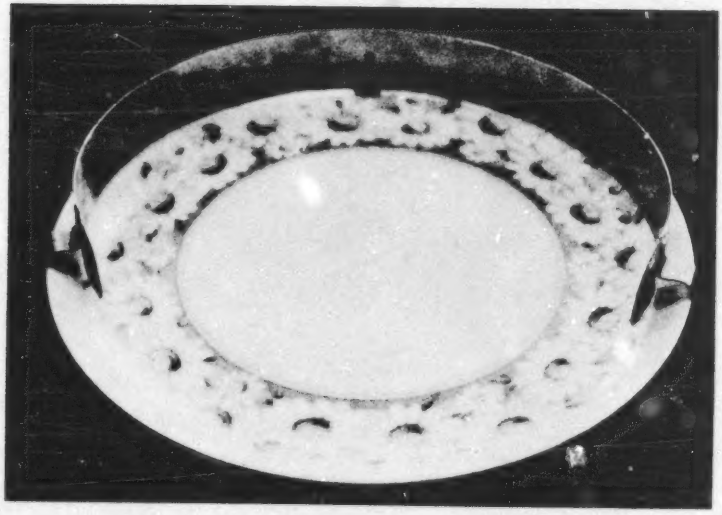


Fig. 31. Steel plate guard

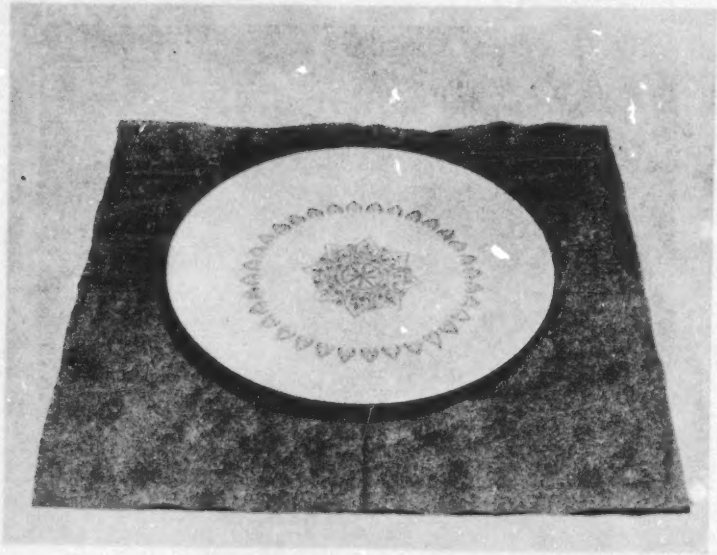


Fig. 32. Wet napkin

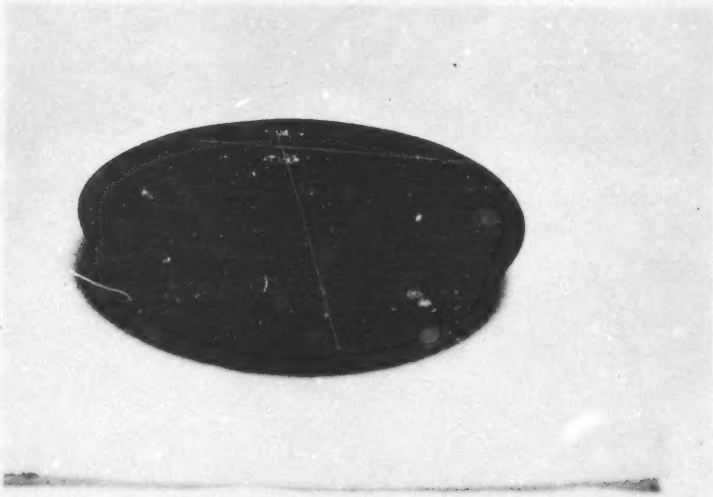


Fig. 33. Foam rubber pad

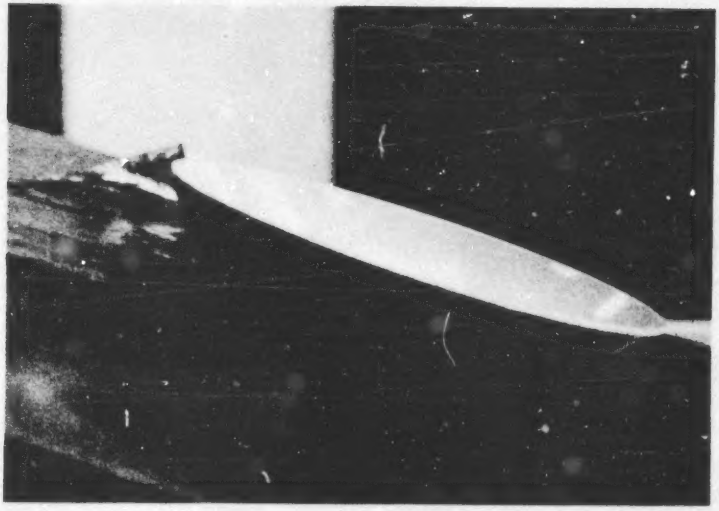


Fig. 34. Sticky plastic sheet (available from Fred Sammons, Inc., or Medical Equipment Distributors, Inc.)

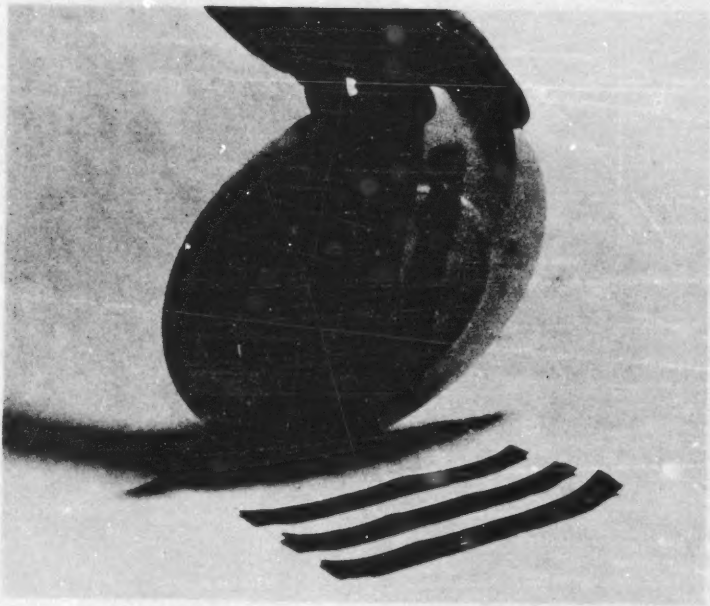


Fig. 35. Velcro strips

PART 4

LISTS OF ADDITIONAL INFORMATION

REFERENCES

Other Helpful Books on Learning to Eat with a Spoon

Bensberg, G. Teaching the Mentally Retarded, A Handbook for Ward Personnel. Atlanta, Georgia: Southern Regional Educational Board, 1965.

Dale, D. M. C. Deaf Children at Home and at School. Springfield, Illinois: Charles C. Thomas Publishing Company, 1967.

Feeding the Child with a Handicap. U.S. Department of Health, Education, and Welfare. Washington, D.C.: U.S. Government Printing Office, 1967. Price: 20 cents.

Finnie, N. R. Handling the Young Cerebral Palsied Child at Home. London: William Heinemann Medical Books, Ltd., 1967.

French, E. L., and Cott, J. How You Can Help Your Retarded Child. New York: J. B. Lippincott Company, 1967.

Larr, A. L. Tongue Thrust and Speech Correction. San Francisco: Fearon Publishers, 1962.

Michal-Smith, H. Management of the Handicapped Child. New York: Grune and Stratton, 1957.

National Foundation for Infantile Paralysis. Self-Help Devices for Rehabilitation. Dubuque, Iowa: William C. Brown Company, 1965.

Ross, A. The Exceptional Child in the Family: Helping Parents of Exceptional Children. New York: Grune and Stratton, 1964.

Robinault, I. (ed.) Functional Aids for the Multiply Handicapped. New York: Harper and Row, 1973.

Rosenberg, Charlot. Assistive Devices for the Handicapped. Atlanta: American Rehabilitation Foundation, Stein Printing Company, 1968.

Rusk, H., and Taylor, E. Living with a Disability. Garden City, New York: The Blakiston Company, Inc., 1963.

Spock, B., and Lerrigo, M. O. Caring for Your Disabled Child. New York: MacMillan Company, 1965.

Helpful Books for Eliminating Behavior Problems

Becker, Wesley C. Parents Are Teachers. Research Press, Box 317752, Champaign, Illinois 61820.

Deibert, Alvin N., and Harmon, Alice J. New Tools for Changing Behavior. Research Press, Box 317752, Champaign, Illinois 61820.

Patterson, Gerald R., and Gullion, M. Elizabeth. Living with Children. Research Press, Box 317752, Champaign, Illinois 61820.

Smith, Judith M., and Smith, Donald E. P. Child Management, 7th printing. Ann Arbor Publishers, P.O. Box 388, Worthington, Ohio 43085.

The following list is provided as a convenience to the reader. Inclusion in the list does not imply a recommendation. Free catalogs are available from these firms, which are listed alphabetically.

HOSPITAL SUPPLY HOUSES

Be OK Self-Help Aids
Fred Sammons, Inc.
Box 32
Brookfield, Illinois 60513

Cleo Living Aids
3957 Mayfield Avenue
Cleveland, Ohio 44121

Medical Equipment Distributors, Inc. (med)
Distributed by:
Baker Brothers Sales and Rentals
2039 North Capitol Avenue
Indianapolis, Indiana 46202

(There are 24 other "med" distributors, one of which may be closer to you.)

G. E. Miller, Inc.
484 South Broadway
Yonkers, New York 10705

J. A. Preston Corporation
71 Fifth Avenue
New York, New York 10003

PART 5
CHARTS

PRELIMINARY TEST TO SEE WHAT YOUR CHILD NEEDS TO LEARN

Name of Child _____

Date _____

Does Do	*Step*	*Task (Underlined)*
☐	1.	Does your child open his mouth for a food-filled spoon?
☐	2.	Does your child swallow food spooned into his mouth?
☐	3.	Does your child remove food from the spoon with his lips?
☐	4.	Does your child chew food spooned into his mouth?
☐	5.	Does your child pick up the utensil if his spoon is lying on the table?
☐	6.	Does your child return his spoon to his plate?
☐	7.	Does your child carry his food-filled spoon to his mouth?
☐	8.	Does your child carry his spoon to the food and then fill it?

PROGRESS CHART

Name _____

Date Started _____

Date Stopped _____

Code: X = successful
O - unsuccessful

- ☐ open mouth
- ☐ swallow
- ☐ remove food from spoon
- ☐ chew
- ☐ grasp spoon handle
- ☐ carry spoon to mouth
- ☐ carry spoon to food and fill it
- ☐ return spoon to plate

Date	Tries										Total X's	Comments
	1	2	3	4	5	6	7	8	9	10		
Test for competency:												